

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/700492</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9	1						59				
10		(1)					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15	1						65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24	1						74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32	1						82				
33		(1)					83				
34		1					84				
35	1						85				
36	2	1					86				
37	1						87				
38		2					88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	31						TOTAL DEP.				
TOTAL CLAIMS	38						TOTAL CLAIMS				